

Infection Prevention Advisory Committee (Arizona SB 1356)

Legislative Summary - Submitted by: Patty Gray, RN, CIC - 2/18/2009

California: Chapter 296-California SB 1058 added to Health & Safety Code- (Medical Facility Infection Control and Prevention Act or Nile's Law) - (Bacterial Infections)

History and Enacted: 3rd Calif. bill pertaining to HAIs in 3 years

1. SB 739, Chpt 526 enacted 9/28/2006 (established a state Hospital ID Control Program; implementation of **process measures** for surveillance and HAIs & an **Advisory Cte.** to make recommendations for reporting)

2. SB 158, Chapter 294 enacted 9/25/2008 (Requires healthcare facilities to develop, implement, and comply with a patient safety **plan** to improve and reduce patient safety events; **establishes a healthcare facility infection surveillance, prevention and control program w/i State DPH**; requires the state, Advisory Cte. and acute care hospitals to take **specific actions** to implement the program.

3. **SB 1058, Chapter 296** enacted 9/25/2008 requires screening, prevention and reporting of specific HAIs:

- **Requires State Dept of Public Health** to develop a better, more efficient system to monitor and report incidence of MDROs and other organisms causing HAI (Inspection and reporting systems)
- **Screening** of hi-risk pts in **hospitals** for MRSA
- **Ortly reporting** of : HA-MRSA blood stream infections, HA-C. Difficle, HA-VRE blood stream infections (BSIs); Number of IP days
- **Phased in reporting** for Central line BSIs and Certain SSIs
- Procedures for **Sanitary Environments and Equipment in hospitals**

Public Reports go to Whom: NHSN and Calif. Dept of Public Health; DPH must make information available to public on their website.

Reporting Starts When: January 1, **2009** Hospitals begin reporting; Jan 1, **2011** DPH must post CL-BSI and HA-MRSA, HA-C.diff & HA-VRE BSI rates on website; Jan 1, **2012** DPH must post Deep and Organ and Space SSI rates on website for orthopedic, cardiac, & GI surgeries. Department shall follow a **risk-adjusted process consistent with CDC NHSN** and use NHSN definitions.

Reports go to NHSN: Yes, and Calif. Department of Health Services

What gets Reported: HA- MRSA BSI Rates; HA-C. difficle rates; HA-VRE Blood Stream Infections; Central Line Blood Stream Infections and total central line days; SSIs for Deep and Organ & Space infections for Orthopedic, Cardiac and GI surgeries designated as Clean and Clean contaminated (Class 1 & 2) and number of surgeries for each.

Which Units/Departments Report: All

MRSA Screening for Hi-Risk patients:

Discharged from hospital w/i 30 days prior to re-admission; pts. admitted to ICU or burn units; IP dialysis patients; pts.transferred from SNF; pts. scheduled for IP surgery

Advisory Committee Created: Yes, as part of previous SB 739

Dollars Appropriated: No, Bill specifically states no reimbursement is required by this act.

What is done with Data: Nothing has been done with data to date. (Reporting just started in January to DHS and public reporting not mandated until Jan 2011 and Jan 2012.

LTC's , Assisted Living, Rehabs, included in bill? Yes, per definition of Healthcare Facility in California

Ambulatory Care included in bill? No

Staffing Ratios Required: The state must provide to the public the number of infection control personnel relative to the number of licensed beds in health facilities.

Health facilities must have a designated Infection Control Officer with responsibility to ensure implementation of the reporting and components of the bill; name must be available to the public.